### **Application Data Sheet**

#### Application Information

Application Type:: Utility

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-Rom or CD-R?

Title:: Method for Treating Patients with Massive Blood Loss

Attorney Docket Number:: 02-896-A

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity:: No

Petition Included?::

Secrecy Order in Parent Appl.?::

#### **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Steven

Family Name:: Gould

City of Residence:: Highland Park

State of Residence:: Illinois

Country of Residence:: USA

Street of mailing address:: 629 Cherokee Road

City of mailing address:: Highland Park

State or Province of mailing address:: Illinois

Postal or Zip Code of mailing address:: 60035

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Richard

Family Name:: DeWoskin

City of Residence: St. Charles

State of Residence:: Illinois

Country of Residence:: USA

Street of mailing address:: 1730 Hampton Course

City of mailing address:: St. Charles

State or Providence of mailing address:: Illinois

Postal or Zip Code of mailing address:: 60174

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Marc

Family Name:: Doubleday

City of Residence:: Cary

State of Residence:: Illinois

Country of Residence:: USA

Street of mailing address:: 326 Alicia Drive

City of mailing address:: Cary

State or Providence of mailing address:: Illinois

Postal or Zip Code of mailing address:: 60013

Applicant Authority type:: Inventor Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: George Family Name:: Hides

City of Residence:: Chicago State of Residence:: Illinois Country of Residence:: USA

Street of mailing address:: 1407 N. Mohawk

City of mailing address:: Chicago

State or Providence of mailing address:: Illinois Postal or Zip Code of mailing address:: 60610

#### **Correspondence Information**

Correspondence Customer Number:: 020306

Name Line One:: Patrick G. Gattari

Name Line Two:: McDonnell Boehnen Hulbert & Berghoff

Street of Mailing Address :: 32nd Floor

Street of Mailing Address:: 300 S. Wacker Drive

City of Mailing Address:: Chicago

State or Providence of Mailing Address:: IL

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 60606

Phone Number:: (312) 913-0001

Fax Number:: (312) 913-0002

E-Mail Address:: docketing@mbhb.com

Represe	entative	Inforn	nation
---------	----------	--------	--------

Danasa and the Oradana an Neural and	1 000000
Representative Customer Number::	020306
1 Representative outstorner Humbers.	1 020000

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/415,935	10/03/2002

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee Name:: Northfield Laboratories, Inc.